

THE CARE OF BLIND-DEAF CHILDREN.

Gustav Riemann.

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THE CARE OF BLIND-DEAF CHILDREN¹

PRESENT-DAY METHODS OF EDUCATION, WITH ESPECIAL REFERENCE TO GERMANY
A FEW TYPES—THEIR PROBABLE FUTURE

BY GUSTAV RIEMANN

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Translated by T. Brill

SINCE the appearance of "The Story of My Life" by Helen Keller, the attention of at least the educated public has been drawn to the fate of the blind-deaf. The Seminary for Social Medicine is therefore to be thanked for having included a paper on the care of blind-deaf children in the program of this year's course, and it gives me much pleasure to present this paper, trusting that the attempts and endeavors in this new field may become more widely known. True, blind-deaf children have been successfully taught before Miss Keller, but only the high standard of education she attained and the publication of her life and the method of her education have created such a great interest for the members of this unfortunate class. The blessing of the "Helen Keller literature" cannot be too highly estimated.

The question as to whether Helen Keller's education really is so high as her writings cause one to assume to be can, without hesitation, be answered in the affirmative. I myself, at first, was a little skeptical about the results, but soon saw that under less favorable circumstances fair results could be obtained, and that with Helen Keller's phenomenal gifts, the constant communication between pupil and teacher, and with such an excellent teacher, her attainments were quite possible.

That these results were genuine was

¹A paper read at the Seminary for Social Medicine in Berlin as one of fifteen lectures on "The Co-operation of the Physician in the Care of Infants and Youths." In connection with the lecture, a demonstration was given of several blind-deaf children from the Oberlin Home at Nowawes. For photographs of scenes at this school, see THE VOLTA REVIEW for January, 1911, frontispiece, and p. 604, sqq.

confirmed by Mrs. Anrep-Nordiny, founder and director of the first institution for the blind-deaf in Europe, that at Venersborg, Sweden. She conversed with Helen Keller for more than three hours in the absence of her teacher, and, discussing different topics lying in various fields of thought, tried to lead her astray, but did not succeed. The personal impressions that Prof. Dr. W. Stern, of Breslau, received when he visited Helen Keller at her home—impressions which he published in "The Review of Applied Psychology"² (Vol. 3, No. 5)—are also worth mentioning. He finds everything justified that Helen Keller has written about herself, and gives several instances from her writings which he finds corroborated by facts. With regard to Helen Keller's speech, he says, "Helen Keller herself uses speech exclusively as a means of communication; her articulation is that so well known in the totally deaf—somewhat monotonous and unmodulated. After a short time, however, one is used to it, and her speech is completely intelligible." We may also refer to the article by Councillor Gensel, of Leipsic, "The Truth about Helen Keller," in which he clearly and impartially proves that Helen Keller's high education is not only possible, but has actually been achieved. A few exaggerations in minor matters, inserted in most cases by disinterested parties through ignorance, may occur here and there, but they cannot belittle the greatness of the work nor detract from the world-fame of pupil and teacher.

As I have already stated, a few blind-deaf have been successfully taught

²See THE VOLTA REVIEW for December, 1910, p. 544.



before Helen Keller; *e. g.*, Laura Bridgman, Anna Temmerman, Edward Meister, Therese Exner, and others. Our oldest pupil, Hertha Schulz, had already received instruction before any detailed reports about Helen Keller had reached us. At the present time there are six special schools for the blind-deaf in America and Europe, *viz.*, in Boston, New York, Venersborg, Sweden; Larnay, near Poitiers; Edinburgh, and Nowawes, near Potsdam. Here and there a few blind-deaf may be taught in other schools, but the above-mentioned institutions are especially designed to serve blind-deaf children. Professor Arnould, of the University of Poitiers, gives further particulars about these institutions in his work "Ames en Prison."

Congenitally blind-deaf people are very rare. Of the pupils at Nowawes, it is not supposed that a single one was born blind-deaf. According to the census of 1905, there are 340 blind-deaf persons in the German Empire, 223 of whom are in Prussia. Of these in Prussia, 144 were designated as deaf and blind only, and 79 as deaf, blind, and feeble-minded. Between the ages of five and twenty years there were 40 blind-deaf, 23 of whom were deaf-mutes, blind, and feeble-minded, and only 17 deaf-mutes and blind.

We were in a position to have the children re-examined. In the first group, the feeble-minded blind-deaf, ten were already too old for any educational attempts, and only thirteen were to be re-examined. Four cards were returned without being filled in; two children had died in the meantime; one child was not deaf at all, only blind, but had hydrocephalus; one child was only blind, and could speak; one child was neither blind nor deaf, but was feeble-minded; and four children had been correctly described. In the second group, the mentally normal blind-deaf, ten were to be re-examined, but two cards remained not filled in. Seven had been correctly described, but one child was only blind, not deaf. At Nowawes there are two totally blind-deaf children who should have been

counted in at the last census, but who had then not been considered blind-deaf. This only goes to show that statistics about this affliction are not altogether to be trusted.

With regard to the causes of simultaneous deafness and blindness, Professor Brühl has published the results of his investigation in the "Contributions of Passow and Schäfer" (Vol. 3, Nos. 5 and 6), which are probably known to you. Professor Brühl says that in thirteen cases out of sixteen which he had observed, the same sickness was responsible for the causes of both deafness and blindness. In six cases, inherited syphilis was the common cause of the two afflictions. In four cases, spinal meningitis was the cause. Professor Brühl then draws attention to the importance of the care of syphilitic infants, "for the possibility of one-third of the blind-deaf never having become so, if they had been treated at the proper time, cannot be doubted." For more exact information, I must refer you to the excellent paper itself.

In our Institution at Nowawes there are at the present moment eight totally blind-deaf pupils, in addition to ten totally deaf children with very weak sight and one totally blind pupil who is very hard of hearing. All these pupils cannot profitably take part in the instruction given at either a school for the deaf or one for the blind, and must therefore be counted with the blind-deaf. As to the number of deaf people with weak sight and blind people with defective hearing, there are as yet no statistical reports.

The means of reaching the mind of the blind-deaf, the deaf with weak sight, and the blind with defective hearing are the same, *viz.*, the manual alphabet, raised letters, and the sign language. The manual alphabet is a very old invention; it is referred to as a secret language as far back as 1535 and 1579, people trying to represent the Latin characters of the alphabet with the fingers. As a means of instructing the deaf, it is mentioned by the first writer on the education of the deaf, namely, Bonet (1620). The

sign letters were changed to fit the different alphabets, and in German we also have signs for *ä*, *ö*, *ü*, *ch*, and *sch*. The application of the manual alphabet will be seen later.

Lately a touch alphabet has been proposed for the blind-deaf, representing the letters by dots and dashes on the fingers.³ But with smaller children who are not used to tactile sensations, these dots and dashes are rather too indistinguishable, and the more compact signs of the manual alphabet are to be preferred. It is easier to communicate simultaneously with several blind-deaf children of about equal attainments by means of the manual alphabet than by the touch alphabet. To have two kinds of alphabets in one institution would impair the dexterity of the teachers and separate the pupils from each other; wherefore we adhere to the manual alphabet. Besides, its efficiency has been proven in the case of all the blind-deaf previously taught, especially Helen Keller. For those who have become either deaf or blind after they have acquired language, the touch alphabet may have advantages if they can find people who will constantly converse with them by that means.

The second means of instruction is the braille writing, the letters being represented by some or all of six raised dots.

The third means is the sign language. There are three kinds of sign language to be distinguished: first, the natural sign language, in which gestures are used which can be understood by the uninitiated; second, the artificial or conventional sign language (without signs for grammatical differentiations), which may be seen used by deaf-mutes on the street. A conventional sign is made for every word in our language. Owing to the fact that these signs ignore the grammatical relationship of the words, the sign language has justly been considered a drawback to the acquisition of spoken language by the deaf. The third kind of sign language is the one which contains

signs for grammatical differences. If such a language does not exist anywhere, it can be created. The exact application of such a language would not be harmful to the acquisition of spoken language. The totally blind-deaf, however, are little inclined to the use of signs. They prefer the manual alphabet and spoken language, and consequently we do not instruct them in signs.

An additional means of improvement in later years is our ordinary writing. If blind-deaf children learn it, the uninitiated, too, can communicate with them. Hertha Schulz learned it in the following manner: Letters were cut out of wood, and, after having examined them by touch for a time, she practised them between specially prepared lines. With Johanna Schlottman we used raised letters, which she had to feel a number of times. For practise, take the index finger of the pupil's right hand and write on the table.

I have been frequently asked, "Why do you worry these poor children also with spoken language?" in reply to which we may say that, first of all, we do not worry them; we proceed gently. Secondly, with those children who at one time could speak, it is only natural that we should try to retain or regain their speech and language. But also, with those children to whom spoken language is something entirely new, articulation should be dispensed with only if there is no prospect of success on account of defective organs of speech. Speech gives them the necessary and important lung exercise. Even if their speech remains monotonous, their friends soon are used to it; and, after all, the children can express their wishes and thoughts most quickly by means of spoken language. It is true that the touch-reading of spoken language will never constitute a ready means of communication between the blind-deaf and their more fortunate brothers. Touch-reading is of importance only in the acquisition of speech, but cannot be considered a complete means of communication or a means for mental development, even though chil-

³ See THE VOLTA REVIEW for May, 1910, p. 77.



dren may learn, after some practise, to "lip-read" short sentences from the teacher's mouth. Besides, touch-reading from children who have had syphilis is not without danger.

The success of all these means depends on several circumstances. First and foremost comes the natural ability of the pupil. That blind-deaf children, deaf children with weak sight, and blind children with impaired hearing very rarely possess special mental gifts is due to the fact that the causes of their afflictions very often have also affected their minds adversely. We of course find among them children of varying abilities, some with more and some with fewer talents, and occasionally even some with phenomenal gifts, as we have seen in Helen Keller. The time of the appearance of the trouble is of importance, but of greater importance for success is the time when the instruction commences. If the education is begun at the proper time, a large number of sense impressions may be retained and utilized. Speech memories, sight memories, memories of events are all of high value. Unfortunately instruction is often deferred too long, and the blind-deaf, otherwise normal, completely enfold themselves mentally in impressions of what they have once seen or lived through, so that it is impossible to free them from these impressions. I have frequently experienced that it was impossible to overcome these childish ideas when it was time to put correct ones in their places.

Valuable as these memories are, they sometimes impede the progress of the child when they are allowed to occupy all the child's attention. The memory of the normal blind-deaf seems to be fairly good, although it lacks the acoustic and optic stimuli. They are surprised when other people have forgotten little events that have made a firm impression on them. It is different with the deaf who have very weak sight. The little remnant of poor sight only renders all their actions, thoughts, and power of retaining uncertain. Their concentration on certain events and actions suffers greatly

by the constant strain put on their weak sense. The same obtains with the blind who are very hard of hearing.

The method of instruction is best shown by demonstrating it with several children. Hedwig Schnitzer is eight years old, and became deaf and blind between her fifth and sixth year as a result of cerebral meningitis. This is only her fourth month at school. Hedwig, of course, had language when this misfortune befell her. How fast, however, language can disappear at the simultaneous occurrence of deafness and blindness can be seen in her case. She is still able to say a few words and sentences, but they are very indistinct; *e. g.*, for "kleid" she says "klee"; for "korb," "kor"; for "der ring," "deri," etc. Frequently she moves her lips without producing any sounds. Her instruction in speech must therefore begin with the elemental sounds.

At first she learned to spell out some words on the fingers, and after the first two days in the institution she could spell three words without knowing the signs for the separate letters. She is very gifted and lip-reads separate sounds well by touch. (The lecturer then made Hedwig articulate several sounds, syllables, and words, as *sofa*, *fass*, *shuh*, *kuh*, etc.) I feel convinced that when she has mastered all the sounds and combinations, speech memories will come to her assistance.

Fritz Klarwitter is thirteen years old, and two and one-quarter years at school. He is congenitally deaf and became blind at the age of six. After he had been taught by means of the manual alphabet for a time, he received instruction in articulation and made fairly rapid progress. He is very active and talks a great deal to the other children by means of the manual alphabet. It is a pity that he did not come to school sooner.

(The lecturer then talked to Fritz about "A Watch" somewhat as follows: What is that? That is a watch. Whose watch is it? It is Mr. Riemann's watch. Who makes watches? The watchmaker makes watches. You have been at the

watchmaker's; what was on the wall? There were many clocks on the wall. What has a clock? A clock has two hands and weights. The lecturer then showed a dial with the Braille numerals and only one hand. The pupil told the exact time according to the position of the hand.)

Anton Michalski was born in 1894 and has also been two and one-quarter years at school. He was deaf since his first year, attended for one year the school for the deaf at Posen, nearly completed the course of articulation, and then became blind at the age of eleven, coming to us in his thirteenth year. He still can hear vowels, which amount of hearing, however, is not sufficient for the acquirement of speech, and he has to learn it by the aid of the sense of touch.

(The lecturer talked to him about the horse, its use as a beast of burden, for driving, and riding.)

Johanna Schlottman became deaf and blind between her fourth and fifth year as a result of spinal meningitis. She was born in 1899, and has been at school since July, 1906 (four years). The method of instruction has been somewhat similar as in the cases of Hedwig Schnitzer and Fritz Klarwitter, only that she made a little slower progress during the first few months. She did not have the advantage of assistance from her comrades that meant so much with Hedwig and Fritz. Though she possessed a few remnants of speech (mostly mutilations of speech), she had to take the articulation course from the commencement (elements). She likes to talk and talks much, sometimes too much and too fast.

(Johanna recited two verses of "The Wanderer in the Saw-mill," and was then questioned as to the meaning.)

The manner of thinking is shown by the following remark. When "Der Glockenguss zu Breslau" (The Casting of the Bell at Breslau) was discussed with her, she wept when she came to where the master gives himself up: "Why did the master tell the judge? He need not have said anything."

The following letter was written independently by Johanna to her parents

after her birthday, on April 30. The mistakes are bracketed.⁴

"DEAR PARENTS:

"I thank you for your nice parcel. The new dress and the ribbons please me. I received many things for my birthday—dress, purse, doll's shoes, new doll's stockings, wafers, new small doll's beddings, flowers, six oranges, candy, angels, very many lady-birds, peppermint, chocolate, chocolate pig, chocolate knife, and cake. I also received a sewing box. My friend came and drank chocolate with us. My friend has given me lady-birds, another doll's bed and apron. My friend's name is Friedchen Hoffmann. She is ten years old. Love and many kisses to papa, mamma, Willie, Herrmann, Karl, and Meta.

"Your thankful daughter,

"HANNA."

Now, we have here a girl, Frieda Mereis, who is totally deaf and has very weak sight. Frieda is sixteen years old and has been two and a half years at school. She became totally deaf in her tenth year, but she had been a little hard of hearing and poor-sighted since her earliest infancy. Up to her tenth year she attended the local school (for the hearing). When she entered our institution her speech was very low, but by constant aid of the sense of touch it soon became louder. With her, and other children like her, the artificial sign language, together with the manual alphabet, renders good service. As I have already mentioned, the sign language follows exactly the vernacular with all its grammatical intricacies. Frieda was confirmed at Easter, but still receives some additional schooling. Otherwise she works at making brushes. (The lecturer conversed with her about the servants, the hiring of servants, and conditions of work.)

The boy, Willie Kobien, is totally blind and very hard of hearing. He is twelve years old and has been three years at our school. Prior to that he attended the City Institution for the Blind in Berlin, but could not make any progress nor learn the Braille writing.

⁴ Altogether there are only six mistakes, but they cannot be reproduced in an English translation, as they are nearly all mistakes in the inflection of nouns and adjectives, owing to assuming the wrong gender.—TRANSL.

With us he is taught by means of a hearing tube, and when he sometimes does not understand a word, recourse is taken to the manual alphabet. I shall ask him some questions on "The Count of Hapsburg." (The lecturer then demonstrated how it was possible to communicate with several blind-deaf children simultaneously by means of the manual alphabet. He spelled the words into Hanna's hand, she did so with her other hand into Fritz Klarwitter's, and the latter into Willy's, who then spoke aloud the teacher's words.)

In conjunction with the mental development and education in literary subjects, manual training must be taken up. Already during the school days the children are trained in all kinds of useful handicrafts. They weave straw, do clay modeling, crochet, knit, and so forth.

Now you will ask, "What becomes of the children when they have passed the school age?" Most of them must remain at the institution; otherwise they would soon lose what they have learned and be condemned to a lonely life with all its sad results. The parents usually do not know how to communicate and how to deal with such children, often for want of time. The institution, therefore, must also take the place of asylum in which the blind-deaf are trained to work for their living, even if only to a limited extent. The object of their labor is primarily to give them an increased joy in life. After school years the children are trained mainly in chair-caning, brush-making, and basket-weaving. The inmates of our institution are all contented and happy, a fact of which you could best convince yourself by a personal visit.

It is desirable that this institution, the only one of its kind in Germany, be carried to the fullest possible perfection. I quote the words which D. Schafer uses in his Report on the Care of Cripples, with reference to our institution:

"We should not dissipate our strength in all sorts of special efforts which would also mean a waste from a monetary point of view, but we should bring to this home all the children in the whole of Germany who are fit subjects for it, and

show a hearty, active interest in this institution in order to develop all its possibilities."

Pastor Hoppe, the director of the Oberlin Home, at Nowawes, who is known to many of you for his pioneer activity in the care for cripples, has done his best to insure the stability of our institution. He succeeded in making the province of Brandenburg, through the kind spokesmanship of Landesdirektor Freiherr von Manteuffel and Landessyndikus Gerhardt, give us a capital of 28,000 marks (\$7,000) without interest for the purpose of purchasing a piece of land, and create five free places. For each free place the province pays 730 marks (\$180) when filled, and half the amount when open. Perhaps you may aid in advocating the other provinces and states to do something similar; at present they pay only for the children they happen to send.

So far we have dealt only with those who became deaf and blind in their childhood. There remains a large number of people who lose their hearing and sight at a later age, and who also need assistance. The care of the adult deaf-blind is not within the province of my paper, but I should like to mention it *en passant*. Major General von Hagen is to be praised for what he has done in Saxony.

Of special interest to you will be what physicians can do for the care of the blind-deaf. I think, and you will agree with me, that you can give the greatest assistance in a preventive way; *e. g.*, in the care of syphilitic children, etc., so that the number of these unfortunate children is diminished. But even where timely medical treatment cannot be of any use in the prevention of the affliction, you can aid by seeing that such children are sent to our institution so that they may be spared from mental starvation and its terrible sequence, mental depravity. All deaf-blind people who really need assistance must find it in the end by being placed in an institution or asylum. Let this be the aim and task of all of us.

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